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*Medical Library*



JUNE, 1939

VOL. XLVI, No. 9

PRICE NINEPENCE

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# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

VOL. XLVI.—No. 9

JUNE 1ST, 1939

PRICE NINEPENCE

### CALENDAR

Fri., June 2.	—Prof. Christie and Prof. Paterson Ross on duty. Medicine : Lecture by Dr. Gow.	Fri., June 16.	—Dr. Evans and Sir Girling Ball on duty. Medicine : Lecture by Prof. Christie. <b>Last day for receiving other matter for the July issue of the Journal.</b>
Tues., „ 6.	—Dr. Chandler and Mr. Roberts on duty.	Sat., „ 17.	—Annual Athletic Sports, Chiselhurst, 2.15.
Wed., „ 7.	—Surgery : Lecture by Mr. Wilson.	Tues., „ 20.	—Prof. Christie and Prof. Paterson Ross on duty.
Fri., „ 9.	—Dr. Gow and Mr. Vick on duty. Medicine : Lecture by Dr. Evans.	Wed., „ 21.	—Surgery : Lecture by Mr. Vick.
Tues., „ 13.	—Dr. Graham and Mr. Wilson on duty.	Fri., „ 23.	—Dr. Chandler and Mr. Roberts on duty. Medicine : Lecture by Dr. Chandler.
Wed., „ 14.	—Surgery : Lecture by Mr. Roberts. <b>Last day for receiving letters for the July issue of the Journal.</b>	Tues., „ 27.	—Dr. Gow and Mr. Vick on duty.
Thurs., „ 15.	—Concert in aid of the Mansion House Appeal Fund, Great Hall, Charterhouse Square, at 8.30.	Wed., „ 28.	—Surgery : Lecture by Prof. Paterson Ross.
		Fri., „ 30.	—Dr. Graham and Mr. Wilson on duty. Medicine : Lecture by Dr. Graham.

### WILL YOU SIGN ME UP . . . ?

“**W**HAT is it to be ‘read aloud to’?” writes Florence Nightingale in *Cassandra*.

“The most miserable exercise of the human intellect. Or rather is it any exercise at all? It is like lying on one’s back, with one’s hands tied, and having liquid poured down one’s throat. Worse than that, because suffocation would immediately ensue and put a stop to this operation. But no suffocation would stop the other.” How many generations of medical students must have felt like Florence Nightingale (little enough though they may have resembled her in other respects!) as they sat through those interminable courses of compulsory lectures which are still in 1939 a statutory part of their education! As Aldous Huxley points out, it is one of the most unfortunate facts of

education that boredom and fatigue do not actually make one scream with pain ;—“finding themselves liable to prosecution by the Society for the Prevention of Cruelty to Children, teachers would soon mend their ways”. Of course only a few of us, and those not all the time, feel that lecturers should literally be prosecuted. But very many more feel or at least suspect, that our attendance (however, vicarious) is a waste of time which could be more usefully employed or more agreeably wasted both by the lecturer and his audience. Since this is so, it seems impossible to excuse the continuance of compulsion unless the authorities believe that rigorous theoretical and practical examination at the end of a prescribed course of clinical appointments and laboratory work is an adequate protection to

the public only if a series of lectures has also been attended. Or perhaps their view is that it is impossible by any other available methods of study to attain the standard of skill, information and conscientiousness required by the examiners?

It seems extremely unlikely that anyone seriously believes either of these absurdities. Indeed, the real question is not whether lectures should be compulsory, but whether, however voluntary, they are a sufficiently valuable element in our education to justify the time, energy and, sometimes, intelligence which they consume. Systematic knowledge can never be acquired from lectures, nor are lectures available to us all our lives. Eventually we shall have to rely on books; we had far better learn to learn from them in the beginning. And once one has achieved the habit of print, constant lectures seem like a diet of milk to an adult appetite. One can choose one's book; open and shut it at will (and nothing varies more than the amount different individuals, or the same individual at different times, can assimilate without rest); adapt one's progress to the speed of one's own mental processes (which is not always the same); re-read; stop to think; elucidate obscurities by reference backwards, forwards or to other authorities. More important still, reading demands the active participation of at least part of one's brain. In contrast, it is possible, and indeed usual, for a lecture audience to remain as passive and unabsorbent as a roll of wet blotting-paper. Inevitably: for, after all, could human ingenuity devise a more dreary, clumsy or uneconomic method of conveying information than the routine lecture in physics, chemistry, biology, anatomy, physiology, pharmacology, medicine, surgery and pathology? Indeed, many lecturers tacitly admit the merely ritualistic character of their performance by circulating a printed synopsis, from which in ten minutes one can read what they will then say less well in forty-five.

It is probable that the more sensible advocates of the system would agree that it has been, as Léon Blum said of marriage, "généralisée à l'excès". They would use lectures not as a substitute for books, but to simplify, correct and supplement them. In some subjects occasional lectures for this purpose might be desirable. But in medicine these functions are better fulfilled by the bedside teaching of experienced clinicians, which is far the most valuable part of the formal instruction we

receive. There is, it is true, at least one type of lecture which should certainly be retained: the clinical lecture in which medical or surgical theory is applied to a concrete case. But the present system of continual routine lectures is even more objectionable in medicine than elsewhere. The majority of our working hours at the Hospital are occupied in the wards, out-patient departments and laboratories. During the remainder we have to attend post-mortems, and become familiar with the pathological specimens in the Museum. These are all essential activities. We do not suggest that lectures make any of them impossible; but they certainly make the last two more difficult than is necessary, and they mean that almost all regular reading must be done at home in the evening at the end of a full working day.

There is nothing revolutionary in these views. "Printing," says a writer in *Cambridge Studies*, "has been invented for nearly five centuries. Yet still, as in the Middle Ages, ill-heard, ill-attended to, ill-understood and ill-recorded in notes that will never be read, the voice of the lecturer drones on. To doze through two or three hours of lectures may be grateful to the indolent conscience that calls it a morning's work; the gregarious excitement involved may please some thwarted religious instincts; but as a means of conveying information I know nothing more hopelessly primitive." Aldous Huxley uses almost identical words: "Lecturing as a method of instruction dates from classical and medieval times, before the invention of printing. Cheap printing has radically changed the situation which produced the lecturer of antiquity. And yet—preposterous anomaly!—the lecturer survives and even flourishes. In all the universities of Europe his voice still drones and brays just as it droned and brayed in the days of Duns Scotus and Thomas Aquinas. Lecturers are as much an anachronism as bad drains or tallow candles." Professor Bernal speaks as strongly in his *Social Function of Science*. Indeed it would be easy to multiply authorities; the difficulty would be to produce any on the opposite side. But one more must suffice. Professor Woollard, himself a brilliant lecturer, once exploded: "You must be a set of mugs to be forced to come and listen to such stuff day after day, year after year, of your miserable lives." "Not that you do listen, of course," he added.

## CURRENT EVENTS

### H. GORDON SMITH, M.B.Cantab., D.P.H.

We regret to announce the death of Dr. Harry Gordon Smith, at Knightwick Sanatorium, Worcs., on May 6th. Educated at Berkhamsted School, he came to Bart.'s from Trinity College, Cambridge, and took his M.B. in 1902. He was resident at the West London Hospital and the London Fever Hospital, and did clinical assistantships at the Royal Eye Hospital and the Evelina. In 1908 he became Medical Superintendent of the King Edward VII Memorial Sanatorium at Knightwick and started what was to prove his life's work.

He was one of the most able clinicians on chest cases in the Midlands, and his service as chief tuberculosis officer for Worcestershire will be long remembered by medical men in the county, and by hosts of grateful patients who passed through his hands.

In 1903 he married Eileen Newbury, of Milton Ernest, in Bedfordshire. They had three daughters and one son, who is at present a student in the Hospital.

### BART'S AND THE DERRY GARDENS

We have received the following from Mr. McAdam Eccles:

The Gardens are up—on the roof of the fine Derry and Toms Building, Kensington High Street, adjoining the station.

Will you come up by lift the 100 ft. above the street level and see them? They are to be opened each day from Monday, June 19th, to Saturday, June 24th, from 9.30 to 6 p.m. (Saturday, 9.30 to 1 p.m.)

Bart.'s Nurses will be in attendance to receive donations for the Hospital from one shilling upwards.

In 1938, £300 were contributed, but this year it is hoped that at least £400 will be given.

It is a great pleasure to stroll round these unique and really beautiful gardens of more than an acre.

This year in addition to the fascination of the flowers and the waterways, with goldfish and sticklebacks, there are two pairs of sheldrake, and actually a robin has built a nest, and a blackbird has reared a brood!

The Sun-Parlour is delightful for luncheons and teas. No visitor to London should miss paying a visit to the Gardens during the Bart.'s Week, June 19th to June 24th.

### HOSPITAL FAIR

On July 5th, 6th and 7th from 2 p.m. to 9 p.m. a Fun-Fair will be held in the Hospital. There will be

dancing, hoopla, Punch and Judy, "fishing for fizz", a haunted house, china-smashing, and innumerable other ingenious attractions. A large number of helpers are wanted, and it is hoped that students who are willing to assist will give in their names to the Appeals Department.

### MUSICAL SOCIETY'S CONCERT

The Concert which the Musical Society is giving on June 15th is notable, not only for the distinction of the soloists who are so generously giving their services, but also for the fact that it is the first concert that the Society has given for a charitable purpose since 1904.

On that occasion the Society raised £200 for the new Nurses' Home, and it is to be hoped that their new venture will be equally successful.

Much credit is due to Dr. Bourne and the members of the Committee for their energy and enthusiasm in arranging it.

Full particulars of the concert will be found on p. 191.

### ART EXHIBITION

Last month we announced that an Exhibition of paintings and photographs would be held in the Great Hall in July. Further details are now available.

1. The Exhibition will be held in the Great Hall of the Hospital from July 3rd to July 7th. The last three days of the Exhibition will coincide with the Hospital Fair.

2. There will be no entrance fee and no limitation to the number of entries from each artist or photographer. There will, however, be a Selection Committee.

3. Entries should be labelled "Art Exhibition", and sent to the Editor of the JOURNAL, St. Bartholomew's Hospital, E.C. 1, not later than June 20th. Each entry should be clearly marked with the name and address of the sender. Entries will be acknowledged by post card. It would help the organizers if exhibitors would send in their pictures early.

4. No picture may be submitted which was hung last year.

5. Paintings should be framed, but photographs need only be mounted.

6. The Exhibition is limited to those who have, or have had some direct connection with the Hospital.

7. Any profits which may be made from the sale of catalogues, etc., will go towards the Hospital Rebuilding Fund.



### BART'S MANSION HOUSE BALL

On June 7th a ball will be held at the Mansion House in aid of the Mansion House Appeal. T.R.H. the Duke and Duchess of Gloucester have consented to be present. There will be a cabaret arranged by Leslie Henson, and tickets may be obtained at the cost of £2 2s. each.

### HOSPITALS DAY

Hospitals Collecting Day, like View Day, always picks a short, fine period of May between Buchan's cold spells: this year was no exception to the rule, and those of us who left our beds at an early hour had the best of things, because it became uncomfortably hot round about mid-day. The Hospital raised 1052 collectors altogether, nearly 300 more than last year, so that very few of even the most secret ways in the City were left unguarded, and very few of even the most unwilling City workers escaped with pockets or purses untouched. Some of us maintained more reserve in our methods of attack than others, but, whether we used brute force

or strictly Freudian principles, the needs of Bart.'s were brought home more or less emphatically to all and sundry. Many thanks are due to all those who helped so keenly—especially the lady friends of the Hospital. The total sum raised by our collectors was £1600, £115 more than last year.

### VIIth DECENNIAL CLUB

We have received the following from Mr. Brinton :

The Annual Dinner of the VIIth Contemporary Club will be held at the Trocadero Restaurant on Wednesday, July 5th. It is hoped that there will be a good attendance.

All members of the VIth Club will be welcomed gladly, and regarded as members of the VIIth.

### EDITORIAL APPOINTMENTS

Mr. R. H. L. Cohen has been appointed Editor of the JOURNAL, and Mr. R. S. Henderson Assistant Editor.

## AN INFANT'S LIMP ARM

By R. B. TERRY.

**A**T 9.30 p.m. one Sunday an infant, æt. 10 weeks, was brought up by her mother, who said that the child had not moved her right arm for 24 hours, and refused to lie on that side. During this period she had been crying most of the time, and renewed her efforts with any passive movement of the arm. A 5 weeks' history of pertussis was the only untoward event in the child's life. The mother was well, and all previous pregnancies had terminated successfully. The father was quite well.

On examination the child was quiet, well covered, and occasionally bursting into a fit of coughing. The nasal bridge tended to be depressed and the nose was snuffly. There were a number of small round golden-yellow, slightly thickened patches of scaly skin on the outer side of both thighs. An umbilical hernia was present. The left arm was normal. The right arm appeared normal apart from a flaccid paralysis, and she did not resent movements when first examined, but the next morning (when examined by the Children's Department)

there was an obvious swelling around and just above the elbow; on palpation there was a firm, tender swelling surrounding the lower end of the humerus. Crepitations were absent.

### Provisional Diagnosis.

Excluding a fracture of the humerus, I made the somewhat rash suggestions of a rare case of poliomyelitis, or a cortical hæmorrhage complicating pertussis. The next morning, when seen by Dr. Harris, there was a temperature of 100.6°, and he suggested pyogenic subperiosteal inflammation.

### Differential Diagnoses.

*True paralysis.*—Obstetrical paralysis immediately suggests itself, but of course is present from birth. Any cortical, cerebral or spinal lesion would have produced spasticity. Poliomyelitis is rare in early infancy, and

almost unknown before 3 months. Diphtheritic neuritis may occur after mild atypical diphtheria which passes unnoticed (2-4 weeks interval), but arm paralysis must be very rare without involvement of the soft palate, eye muscles, pharynx or diaphragm. Lead palsy is by no means uncommon, but in infants its chief peculiarity is to affect the legs sooner and more severely than the arms. Pink disease results in great loss of power, but this is generalized, and other signs (many beginning with "p" are present, such as photophobia, perspiration, pruritus, and a purplish rash.

*Pseudo-paralysis* is a much commoner condition, and a fractured bone will give the same history as in this case. Scurvy will give exactly the same picture, but the age-incidence is 8-14 months. Rickets may cause a similar condition, but occurs later, is nearly always symmetrical, and causes no such marked pain on movement. An acute infective arthritis must be remembered, but severe septic symptoms occur. Parrot's pseudo-paralysis, due to syphilitic epiphysitis, is a condition occurring within three months of birth, developing acutely with tenderness, swelling and pseudo-paralysis, but with little or no

fever. It is not uncommonly the only symptom, and is said to be present in every case dying of congenital syphilis. It is commonest in the long bones, but especially the lower end of the humerus.

#### Investigations.

X-rays showed a very characteristic syphilitic epiphysitis of the lower humerus, with extensive periosteal new-bone formation on the radius and ulna of each arm, the right tibia and femur and the left humerus. The Wassermann was strongly positive.

#### Discussion.

My excuse for writing up this case is that although, apart from the slight pyrexia, it is a classical text-book picture of syphilitic epiphysitis, yet I feel that it is one which few present-day students have seen. The presence of pertussis is interesting in that although undoubted cases of pertussis present at birth have been recorded, yet only 5% occur before the age of 6 months.

In conclusion I would like to thank Dr. Charles Harris and Mr. Donald Crowther for their permission to report this case.

## VIEW DAY, 1939

(From our Correspondent on duty and the Candid Camera)

ANYONE acquainted with View Day will know that it is invariably fine for that great occasion.

Consequently it was obvious to your special correspondent (on duty) as he left the operating theatre at three in the morning that the stars foretold nothing but perfect weather. And so it was. Later, in his morning dress, as he surveyed the Square, he realized that View Day was not what it used to be. Where were the morning coats of the Staff? Where the Ascot frocks? Where even the Consulting Staff? True, a few of the Visiting Staff had been dressed, possibly by their wives, for the occasion; and a great concession had been made by a distinguished surgeon, who had exchanged his monochrome tie and double-breasted waistcoat for a suit of "City blacks". True, again, there was a Hat which commanded attention at first sight, so broad were its proportions, so generous its conception. But the old form was lacking. Sir Holbert Waring, the spiritual head of the Pink Firm, was there, chatting to his junior, Wilson, and Mr. McAdam Eccles was inevitably heard explaining that he had occupied the Single Side Ward in Heath Harrison but that in those days it used to be Bowlby. Dr. Gow seemed to be laughing at one of Mr. Vick's stories, while Professor

Hopwood remained in a reverential attitude by the Fountain.

Yet colour was not lacking in the Square. For a pathetic little row of geraniums blossomed upon the balcony of the Medical Block—on which any moment might have appeared the Hospital Führer to deliver an oration to the students, assembled below in their oldest and dirtiest grey flannel trousers. But such did not occur.

Round the wards started the procession—Beadle, Treasurer, Matron, Clerk and Almoners.

"Dr. —, are you satisfied with the conduct and nursing of your ward?"

"Matron, are you satisfied . . .?"

"Sister, are you satisfied . . .?"

Thus spake the Treasurer in each ward and then proceeded to talk with the patients.

Then the Hospital is thrown open to view. Here, in the Dispensary, is a show that will stagger the layman. A ton of ointment dispensed in a year, enough liquid paraffin to float a ship, of cascara a sufficiency to open the bowels of the earth. Peep into Elizabeth. Here are twenty newborn babies tucked into their little cots with the charming coverlets reserved for this great day,

watched over inappropriately enough by the Virgin Mary. And next door, though they do not know it, the forceps are being applied for primary inertia . . .

But the crowd hurries forward. News has spread of a

crowd disperse. "Was it *very* bad?" says a spectator. "We are sending it to be sectioned," we reply with dignity.

View Day passes swiftly. The crowd that gathers



" . . . NOT WHAT IT USED TO BE."

Real Operation in progress. Swiftly the gallery of the duty theatre becomes packed with excited onlookers. Your correspondent has made the diagnosis; his chief will operate and remove the appendix. His wife, seated in the front row, peers through the sloping glass screen. The skin is cut. "This is where they faint" says the surgeon, and a woman faints in the gallery, giving point to his remark. The organ is removed and the

at two of the clock in the Square does not gain entry to the two main blocks until the Treasurer has left them at five. Consequently by the time one's favourite ward has been visited and tea taken, the day is spent and the wards must be cleared—for action.

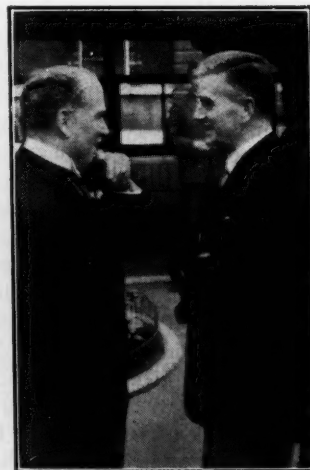
Thus View Day, 1939, was neither the same nor very different from its predecessors.



" . . . CHATTING TO HIS JUNIOR, WILSON."



"I PREFER MY FLOCK TO FACE ME."



"ONE OF MR. VICK'S STORIES."



## A NOTE ON SOME OF THE MEDIEVAL WILLS IN THE POSSESSION OF SAINT BARTHOLOMEW'S HOSPITAL

By GWENETH WHITTERIDGE, D.Phil.

**A**MONG the deeds preserved in the Archives of Saint Bartholomew's Hospital are copies of a number of wills containing grants and benefactions to the Master and brethren and the poor patients lying sick within their walls. It was a frequent practice among mediæval people to draw up two wills; one of these, which for convenience is called the *testamentum*, was concerned with rents and properties, the other, the *ultima voluntas*, with personal possessions and belongings. Although copies of the former are of more importance with regard to the history of the Hospital holdings, yet it is the latter which are of the greater interest for the insight they give into the value attached by the testator to his or her various possessions.

The earliest will of which we possess a copy is that made about the year 1220 by a certain Reginald de Wirham. The peculiar interest of this will lies in the fact that it was made by Reginald as he was setting out on a pilgrimage to the Holy Land. That he never returned from this journey is probable in view of the fact that the benefactions mentioned in his will actually took effect, as is apparent from certain other documents in our possession. Of his own fate, nothing is known, but it is significant of the times in which he lived that he should have thought a pilgrimage to Jerusalem a journey fraught with such danger as to justify his making a will before setting out, as though he were already on his death-bed. The first bequest that he makes concerns the Hospital. Out of the twenty shillings of rent which he had in the parish of St. Mary Somerset, and which he had purchased from the widow of a certain Alan Balun, he left ten to God and to the maintenance of a chaplain to celebrate the mass of the Blessed Virgin Mary for ever in the Hospital of Saint Bartholomew. To the other hospitals of London he also makes bequests, but to none so large a gift as that to Saint Bartholomew's; to the hospital of St. James, half a crown from the same rent of twenty shillings; to the hospital of St. Giles, half a crown from the same rent. If Reginald die on the journey to Jerusalem, the hospital of St. Bartholomew shall have plenary seisin of the said rent, provided that the Master and brethren pay the lords of the fee the accustomed services and make sufficient guarantee to the other hospitals for the rents bequeathed to them. Bequests to other hospitals and

religious institutions follow, with a clause guaranteeing, in the event of his death, plenary seisin of the rent to St. Thomas's Hospital, provided always that the legacies made out of this rent be rightly and duly administered. To his companion, Peter Burgensis, if God grant him a safe return from the Holy Land, he leaves his share in a shop in Cloth Fair, and his shop in Winchester Market, provided that Peter give sufficient guarantee to the Canons of St. Bartholomew for the payment to them of an annual rent of twelve pence. If he fail to return, these properties are to go to the Hospital of St. Bartholomew on the same conditions.

The next legacy which directly concerns the Hospital is one of ten shillings made to Bartholomew the chaplain. This Bartholomew is not necessarily to be identified with the Master of the same name who took up that office in 1246. If Bartholomew die before this will can take effect, the money is to be spent for the maintenance of the poor within the Hospital, for the salvation of the soul of the said Bartholomew. A further personal legacy, also providing, in the event of death before the proving of the will, for benefactions to the poor, is that of two marks (26/8) made by Reginald to his brother William, who seems also to have accompanied him to the Holy Land, for, if he make not thence a safe return, this money is to be spent in the purchasing of shoes for the poor, at the discretion of the executors. A further sum of eleven and eight pence is left to the Hospital of St. Bartholomew out of a debt of thirty five shillings owed to Reginald by a certain Walter de Birhull. Finally, Reginald names Master Hugh, procurator of the Hospital of St. Bartholomew, as one of his executors, and asks as a favour for the inclusion of his name and of those of his father and mother in the martyrologies of the various houses recipients of his gifts, that they may be partakers of the spiritual benefits pertaining to these houses.

The will of Matilda de Kersing, made on St. Cecilia's day (22 November) 1280, is chiefly concerned with her personal belongings, and has, therefore, a peculiar interest of its own. Also, it is rare to find a will made by a woman at this date, and its rarity enhances its value. Matilda died before November 15th, 1281, and the Archdeacon of London set his seal to the document allowing it valid on January 25th, 1282. The proving of

will seems to have been no more and no less tedious a process in the Middle Ages than to-day. Although this will has been quoted at some length by Sir Norman Moore in his history of the Hospital, its unique quality is sufficient excuse for its repetition here :

" In the name of the Father and of the Son and of the Holy Ghost, Amen, I, Matilda de Kersing, make my will on the day of the blessed Cecilia the Virgin in the year of Our Lord 1280. First, I leave my soul to God and to the Blessed Virgin Mary and all the saints, and my body to be buried in the cemetery of St. Andrew at Farnham. To the high altar, I leave the sum of six pence ; to the vicar, six pence ; to the chaplain of the parish, four pence ; to the chaplain of the Blessed Mary, four pence ; to Nicholas the chaplain, four pence ; to the two clerks, four pence ; (these legacies were probably made as an encouragement for the solemn celebration of her obsequies). To the light before the Blessed Virgin Mary, I leave twelve pence ; to the brethren of Guldeford (? Guilford), five shillings and a black tapet, the best cloth which I have and the best towel ; to the lepers of Awelton, a little tapet and a linen cloth. To Alice, daughter of Robert le Massun, I leave a chest ; to Margaret, wife of Robert le Massun, a brooch of the finest gold ; to Beatrice, wife of John de Heghe, a russet tunic, my best cloak, and my best shoes. To Beatrice's daughter, a cloth and a towel, a quilt and a cushion ; to Cecilia Pidekin, a shift ; to Emma Botisse, a shift ; to Cecilia Pidekin, a pair of shoes ; to the Convent of Wynteneie (? Winchester), the cup of the Blessed Edmund. For alms to be given of the day of my burial, I leave eight shillings. To John de Heghe, I leave a brass cauldron and a basin ; to Cecilia Pidekyn, a little brass cauldron ; to the son of William Carter, four pence ; to Matilda, daughter of Robert Humfraye, a towel and a cushion.

" To the Hospital and brethren of St. Bartholomew in Smithfield, London, I leave the thirteen and four pence of annual rent which the brethren of St. Thomas in Southwark were wont to pay me. To Beatrice, wife of Johne de Heghe, I leave a green hood. I make and constitute as the executors of this my will Richard le Massun and Robert, son of John Clerk. All the goods which are not named in this writing I leave to be distributed for the good of my soul in the parish of Farnham in whatsoever places my executors see they may be used to the greatest profit."

The next will in date is that of a certain Richard de Wyrle, a wealthy citizen of the time of Edward II and Edward III. His will, made on October 14th, 1331, divided his property between his two sons Richard and John. Richard received his father's tenements and shops in the Ryole in the parish of St. Michael Paternoster

church, and all his plough lands in Edmonton. At his death they were to revert to his brother, John. John was bequeathed the large house and three shops in the parish of St. Augustine beside St. Paul's, and the large house and two shops with a smaller house adjacent in the parish of St. John Zakarie. These latter properties were to be held by John in trust for his sister Isabella, whom he is to maintain in all necessities for her life's term, provided that she does not marry without the consent of her brothers, Richard and John. To a certain Ydaine, his maidservant, Richard de Wyrle leaves a house in the parish of St. John Zakarie, to be held by her for life, and to revert at her death, to Richard the son. Other bequests of property to his brother and sister are also made by him, with clauses of reversion in favour of Richard his son, who, with his brother John, is to receive in equal share the whole of the contents of the kitchen and house.

What happened between October, 1331, and January, 1334, is a matter for conjecture only. The likeliest explanation seems to be that between these two dates, Richard de Wyrle took to himself another wife, and on her begot another son, for to the will of 1331 is added a codicil in January, 1334, providing for the bequest to Alice, his wife, her heirs and assigns for ever, of all his rents and tenements whatsoever in the Ryole in the parish of St. Michael Paternoster church, so that Richard and John seem to have been deprived of their inheritance of the greater part of the London properties. The only other bequest made in the codicil is of a shop in the parish of St. Augustine to a certain Agnes, daughter of Hugh de Langrave. This bequest is made for her life's term with reversion at her death, not, as before, to Richard, his son, but to Laurence, his son, his heirs and assigns for ever.

The will of Hawisia atte Holmes, drawn on Holy Innocents' Day, 1334, is an example of provision made by a widow for the custody of her son, a minor, until he should come of age, and for the care of the property which he would then inherit. In this case the guardian is a certain John Mounde, citizen and corn-merchant of London, and the properties which he holds in trust are a brewhouse and three shops in Pentecost Lane, a new tenement and two shops close by, and a tenement in the parish of St. Mary Somerset, just off Thames Street.

John Tarent, cloth-merchant of London, who made his will on 22 April, 1353, seems also to have been at some time appointed guardian to two children, for in his will there is a bequest of £10 to Simon and Joan, children of one Peter Brongor, who, until they come of age, are to remain after his death in the custody of Margery, his wife. Likewise he bequeathes to them

twelve silver spoons, three brass pots, and two blankets. John Tarent made handsome provision for his own funeral, for he left the sum of forty shillings to be expended on his obsequies besides a gift of twenty shillings to the high altar of the church of St. Augustine beside Paul's gate in which he is to be buried, and a further gift of two shillings to the chief clerk and twelve pence to the lesser clerk of that church, and of eight marks to a chaplain to say masses for the repose of his soul.

Household possessions which are enumerated in this will do not figure in any other earlier than this in the Archives of the Hospital. There are general references—to a house and its belongings, to a brewhouse or kitchen and its utensils, which are included in the bequest, but here for the first time the articles are singled out as being obviously of value and importance to the donator. Joan Barton's will gives further details of personal and household possessions which were considered valuable in the eyes of a lady of the fifteenth century. The will is elaborate and detailed, and is followed by a codicil of like elaboration. The will was drawn on August 30th, 1437. The codicil, which is undated, was probably added about the same time:

"In the name of God, Amen. I, Joan Barton, widow, being of sound mind, do thus ordain my last will and testament. First, I leave my soul to Almighty God, to Mary, the mother of Our Blessed Lord Jesus Christ, and to all the saints, and my body, when from the light of this world I shall depart, to be buried in the vault in the churchyard of St. Paul's, London, on the north side of the tomb of Henry Barton, my late husband. To the rector of the church of St. John Zachary, London, I leave thirty three shillings and four pence, that he may pray for my soul, and one hundred shillings towards the maintenance of his schools at Cambridge. To whichever chaplain will say mass in this church daily for one month after my decease with *Placebo* and *Dirige* and the prayers for the dead and solemn music, for the repose of my soul and the souls of Henry Barton and Robert Barry, while they lived, my husbands, I leave twenty shillings, and to the clerk of the works of the church for the repair of the fabric and decoration of the same, ten marks. To William Wode, I leave five marks, and to his wife twenty shillings and a veil at the discretion of my executors . . ."

Bequests of money to her servants follow. Jacob Toller and his wife received ten marks, and forgiveness of the debts which they owed her, and twenty shillings apiece for each of their daughters. Richard Boteler had five marks. Of her five maids, two received five marks apiece, two four, and one forty shillings. Three other men-servants are also mentioned, to each of whom

she leaves forty shillings, and to the wives of the two who were married, a veil at the discretion of her executors. Next follow bequests to relatives. To Oliver Copuldyke, her kinsman, and a minor, she leaves the sum of £20, to be held in trust for him till he come of age by John Reynwell, who is also to have the custody of his person till he comes to years of discretion. A like bequest is made on behalf of William Wattes, her ward, to whom she leaves five marks to be held in trust for him by Thomas Chicheley, his tutor, till he come of age.

"I forgive master Edmund Kyrton, monk, my cousin, the £20 which he owes me, and I leave him a silver cup called the 'Chalys Cup', that he may cordially pray for my soul throughout his life. To don Edwards Kirton, canon, my other cousin, I leave ten marks and a silver engraved cup at the discretion of my executors, that he too may pray for my soul as long as he shall live. To brother Thomas Cheryngton, bishop of Bangor, I leave a basin and an ewer of silver, and a silver pot, at the discretion of my executors, that he may be mindful of my soul in his prayers. To Thomas Barry, brother of Robert Barry, my late husband, I leave a silver wrought cup at the discretion of my executors . . ."

Then follow certain bequests of money, and finally her wishes concerning the disposal of her lands. John Reynwell and John Stafford are to be her executors, and whichever of them die first, is, at his death, to found a chantry on her behalf in St. Paul's Cathedral. (This chantry was actually founded by John Stafford as is shown in his will, a copy of which is also in the possession of the Hospital, but it was not founded in St. Paul's.) The chantry chaplain is to wear the habit of the choir and is to assist daily, except for infirmity of the flesh, at all the canonical hours, at least during the day, and shall receive a yearly stipend for his pains of twelve marks, to be paid to him by the Master and Fraternity of the Skinners of London. Also the dean and choir of the Cathedral are to receive from the same source an annual sum of forty shillings, that they may celebrate each year for ever her obit for the sake of her soul and those of Henry Barton and Robert Barry, while they lived, her husbands.

The codicil added to this will contains details of bequests of personal property made by Joan:

"I leave to John Stafford, one of my executors, . . . a set of beads of serpentyne, the ring of my profession, and all the bed-hangings and bedding, clothes, books, ornaments, ecclesiastic and domestic, and all the appurtenances of the rooms, chapel, butlery and kitchen of my house at Cotes in Hertfordshire therein to be found on the day of my death, save only the bedstead with the great feather bed which was given me by Oliver Copuldyke, which bed and feather bed, with a pair of blankets



and a pair of linen sheets and a fair bedspread, at the discretion of my executors, I leave to this same Oliver, my kinsman. To him also I leave four virgates of cloth of sangweyn in grain, which shall be bought and delivered to his mother on the next journey to Middelburgh. Also to John Copuldyke, chaplain, my brother, for that he was omitted in my will, I leave £10 and a pair of blankets and a pair of sheets and a fair bed-covering, at the discretion of my executors. To John Fray, my tenant in chief, I leave my black mantle, furred with the skins of sables and martens, and to his wife my black gown, furred with sables and martens, and my girdle fringed with gold, and the set of coral beads hanging from it. To Robert Chandler, chaplain, I leave a pair of blankets and a pair of linen sheets and a bed-covering, for this was omitted in my will. To John Morecock, chaplain at Highcross, I leave a pair of blankets and a pair of linen sheets and a bed-covering if they be not already bequeathed in my will. And I wish that seven pieces of woven linen containing sixty three virgates, be made as quickly as possible into garments and given to poor men and women that they may pray for my soul . . ."

John Stafford, her executor, made two wills, one, dated September 9th, 1444, dealing with his properties, the other, dated October 12th, 1446, with his personal belongings. He himself was a man of considerable wealth, but all his lands and possessions he left to John Wakeryng, the Master, and to the brethren of the Hospital of St. Bartholomew, reserving only a life pension to be paid by the Hospital to his son, Thomas, and his brother, Richard. The income from his

properties was to be used for the foundation of a chantry within the Hospital, where mass was to be said for his soul and those of Joanna, his late wife, John and Juliana, his parents, Henry Barton, and Joan and Agnes, his wives. In his *ultima voluntas* further details of money payments to the chaplain and his assistants are given. and a further bequest of twenty shillings is made for the succour and relief of the poor in the hospital. Then come the more personal bequests. To his son Thomas, he leaves £20, and twelve of his best silver table-spoons and a silver-gilt cup and his bed with all the bedding and hangings. To his brother Richard, he leaves £30 and a silver wrought cup, a dozen table-spoons and all his cooking utensils, and the bed with all the bedding and hangings in which Richard used to lie.

Finally, in the will of John Bedham, drawn on June 25th, 1468, there is an interesting clause relative to the prisoners of Newgate. He makes a bequest of a rent of six shillings and eight pence to John Nedham, master of the Hospital of St. Bartholomew, to be collected annually by him and his successors, to provide a conduit of water running from the hospital to the prison of Newgate, for the relief of the prisoners therein, and to provide for its maintenance and repair, that the prisoners may have cause to pray for his soul and the souls of two other men, whose wish this also was.

Such then are some of the mediæval wills among our Archives, and they are typical of all that were made in the Middle Ages. They show a uniform preoccupation as to the fate of a man's soul, and perhaps an eagerness to repair the sins of a lifetime by charitable gifts to the poor.

## NOTES ON THE RECEIVING-POST CLASSIFICATION OF HEAD INJURIES

By K. W. C. SINCLAIR-LOUITT.

**W**AR-TIME medical services have to run on conveyor-belt lines. If at some station on the chain from point of casualty to convalescent bed a patient is wrongly diagnosed, not only does it lessen the patient's own chances, but it diverts material, surgical skill and ambulance carriage from other cases to which they more properly belong.

Great responsibility, therefore, rests with the medical officer making the initial classification of the casualty. It is, moreover, to the comparatively recently qualified man that the work of air-raid casualty clearing will fall in its first stages. In this paper some of the factors controlling his judgments are reviewed, with more particular reference to the sorting of head cases.

The following are the factors upon which his "triage" of casualties will be based :

1. *The viability of the casualty.*—He will not be doing his duty if he fills ambulance places with moribund and dead patients, *e. g.* the eviscerated casualty who has been six hours under a heap of rubble.

2. *The urgency for surgical intervention.*—The "clean" (*i. e.* bullet or shell splinter) abdominal case requiring prompt laparotomy would have precedence over the example quoted in No. 4 below.

3. *Fitness for transport.*—A lung shot with frequent and copious hæmoptysis will benefit more by being sat up in his stretcher and being given a coagulant serum than by a bumping rush to hospital.



4. *Capacity for waiting.*—Superficial flesh injuries requiring excision and suture can obviously wait until the laparotomies are cleared.

5. *Chance of ultimate recovery.*—(a) Of life. (b) Of function. Occasions arise when the rival merits of two similar grave injuries have to be weighed, there being the means of full treatment or transport available for only one at a time. This is the most trying and exacting assessment of all. If the casualty is worthy of evacuation or further treatment in the light of the first four factors above, it is not within the function of any medical man to indulge in speculative prognosis. As regards (b), this is even more emphatically the case, except when the casualty is already dead from the human point of view, as in spinal preparations and low brain sections.

All this is clear enough in "straightforward" injuries. The criteria upon which one's judgments are based are gross and easily recognizable, but in cases in which the central nervous system is involved the whole matter becomes more difficult, and the necessity for describing simple and easily arrived at methods of examination is most pressing.

As an illustration of the difficulties, two cases may be cited :

CASE 1.—A war casualty having been detained as moribund at the clearing-post was received sixty hours after wounding, by mobile surgical service. He then showed an entrance wound in the right temporal region, exit in the left frontal and extensive hæmatoma of scalp. During examination he made some aphasic efforts at speech. The pulse was slow and feeble ; deep reflexes present ; normal plantar response ; no spasticity ; bilateral papilloedema. Craniotomy revealed a hæmatoma largely extradural, but extending into the subarachnoid space and along the bullet-track, which entered the posterior part of the right middle frontal gyrus and emerged anteriorly in the left superior frontal gyrus. The hæmatoma and a little damaged brain-tissue was removed. The middle meningeal was plugged, and brain bleeding-points clipped. There were no signs of infection and the man eventually made a complete recovery, though during his first week in hospital there was obviously much oedema of the brain and some increased intracranial pressure, which was relieved by lumbar puncture. For the first two days after the operation he was comatose, and on coming round had vomiting crises.

CASE 2.—On admission four hours after injury, a wound of entrance discharging blood and cerebral matter over the left ear. If left undisturbed the patient appeared comatose, but exhibited sexual carphology. Any attempt to dress the wound was met with coarse defensive actions—only large joints being used. Pulse

was very feeble and rapid. The patient grasped anything placed in his hand (the grasp reflex of frontal lobe lesions). Deep reflexes exaggerated. Plantar response extensor.

The problem confronting the casualty clearing doctor in the above two cases was that of distinguishing between a case with little brain injury, but considerable oedema, and one in which great cerebral destruction had occurred. When Case 1 was received he was unconscious, vomiting, and apparently severely wounded in the head. Superficially there would be little to distinguish him from a case with extensive and hopeless brain destruction. In Case 2 three points alone stand out as of fatal prognostic importance :

1. A continual discharge from a head wound of cerebral material.
2. A really feeble pulse (rate seems less important).
3. What the Spaniards called "*carfologia sexual*"—sexual carphology—a continual fumbling with the genital organs.

The coincidence of these three signs invariably gave a fatal prognosis, and was absent in Case 1. Added to this, it may be said that no case in which the ventricles were exposed was seen to recover. Case 2 was probably evacuated fairly rapidly under the impression that some of the reactions observed were purposive, *e. g.* grasp and defence reflexes. In reality he was a mid-brain animal and the outlook was hopeless. Case 1 was kept sixty hours at the casualty clearing station because he was so inactive and had a dramatic-looking head wound. Oedema in his case obliterated all except certain reflexes. Coma alone does not seem to be of grave diagnostic importance. Generalizing, it may be said that only cortical destruction gives release phenomena, while oedema shows more by a general depression of function.

The moral seems to be that such general impressions as are satisfying in the diagnosis of injuries in other parts of the body are not to be relied upon when approaching a head case. This seems so obvious as not to be worth recording ; but it is often the obvious that escapes the attention of the man classifying 400 to 500 wounded per day.

In illustration of the deceitful character of head wounds a third case may be quoted :

CASE 3.—Came down from front as sitting case. Exhibited large scalp gash from left temporal to left occipital region. Made to wait as candidate for excision and suture. He was restless, and complained rather inconsequentially of various pains ; later he slept heavily, there being occasional inco-ordinated muscle movements. He was thought to be slightly shell-shocked and very exhausted. On operation the outer

table or, at any rate, the periosteum was seen to be scored by the shell fragment and contaminated. It was decided to excise the outer table at the base of the wound. There was no fissuring of the skull and no external signs of fracture. On excision of the outer table a mass of blood-clot was revealed. Investigation showed a depressed fracture of the inner table overlying the fissure of Rolando. It was extensive (about 5 cm. by 8 cm.), and was accompanied by a spreading extradural hæmatoma. The bony fragments were removed and the hæmatoma evacuated, its sources of origin being plugged.

His pre-operative motor restlessness, sleepiness and paræsthesiæ were now easily referable to his injury; they were symptomatic of the pressure exerted by the hæmatoma and the irritation of the bone fragments.

This case shows that it is quite possible for comparatively light wounds to produce considerable internal damage. Not all skulls are equally elastic, and in this case the quality of the inner and outer tables does not appear to have been the same.

CASE 4.—A young woman, admitted within half an hour of injury in a state of profound shock. She had been struck on the head, behind the vertex, by a falling piece of anti-aircraft shell. There was no wound of exit. In the first four hours she received resuscitation room treatment, and as, apart from deep coma, comparable only to deep surgical anæsthesia, her condition seemed fair, craniotomy was performed. Extensive cerebral damage was revealed, a fragment of shell having traversed the cranial cavity from the wound of entrance, to lodge deeply in the basi-sphenoid. No detailed exploration was attempted, since the level of trans-section was obviously that of the corpora quadrigemina. As in the case described by Walshe, the heat-regulating centre must have been intact, thus the case was able to survive some thirty-six hours and later showed typical decerebrate rigidity.

Cases of this type are not common, but are bound to occur—it must be remembered that such fragments of shell return to earth at very nearly the speed they left it, *i. e.* the original muzzle velocity. Detailed description of decerebrate rigidity in man can be found in Walshe's papers.

#### Summary and Conclusions.

Four cases of traumatic injury to the central nervous system have been described, each being typical of large groups of front-line and civilian war casualties.

Cases 1 and 3 both achieved a good recovery, but in both cases the result was jeopardized by poor triage. Case 1 "looked hopeless", but the normality of his deep reflexes and absence of grasp reflex—to say nothing of

the absence of the fatal triad of signs observable in Case 2—would have given the lie to that prognosis.

Case 3 was only saved from a life of fits and central disturbances, if not from more immediate harm, by the by-no-means universal thoroughness of the junior surgeon, who decided to chip off a small contaminated piece of outer table, thus revealing the mischief within. If the classifying officer had recognized the muscle spasms sleepiness and paræsthesiæ, he would have been sent to a craniotomist in the first place, and not have run the risk of neglect at an excision and suture table.

Cases of the 2 and 4 type are hopeless. The danger here is mistaking the released activity of lower centres for the purposeful efforts of a gravely wounded man claiming attention. The grasp reflex is particularly liable to such misinterpretation.

No attempt is made here to write a compendious account of head injuries, but a triad of signs giving a fatal prognosis is described, *viz.* continuous discharge of cerebral matter, feeble pulse and sexual carphology. A case is also put forward for the inclusion of a percussion hammer in the outfit of the casualty clearing and sorting surgeon, and the adoption by such officer of a more special attitude towards head cases.

The literature on this subject is extraordinarily copious, and a selection of more useful references is given below, the first and the last being the most comprehensive.

Reference is made in this paper to the necessity of establishing a clear differential diagnosis between cortical destruction and cerebral œdema, but the only point here advanced on this problem is that the one tends to give release phenomena and the other depression of function. No trace of any work around this problem can be found in the literature. Classifying surgeons, to say nothing of their patients, would owe a great debt to the neurologist who made this differential diagnosis clear.

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## “VOX HUMANA”

By C. E. WELLS.

THE spell of monotheism under which we lie has this great disadvantage—that we can reserve no worship for the particular occupations we enjoy. In this matter the Greeks were immeasurably our superiors. Their great thinkers and students likewise had each his own Muse, to whom he dedicated himself with all the solemnity of a medieval knight to his lady. Indeed, this parallel may be carried further. As the Age of Chivalry owed allegiance to one Lady and paid it to many, so also did the Greeks live to the one beautiful woman and worship her after many fashions. But in this country at least the Christian teaching has ceased for three hundred years to be a *force majeure* in social behaviour: for the spiritual core of that teaching lies beyond the scope of this essay.

Religion, then, for the modern man is a matter of the spirit, whereas for his Greek counterpart it was equally a concern of the flesh. He gave himself to science and expected from her Muse not only her protection and recompense, both in this life and in the next, but also her inspiration. The modern scientist is less importunate: he expects freedom to work and experiment; recognition of work well and truly done, and at least posthumous fame; and if he believes in a Hereafter, the attainment of some suitable state. But that his work should daily inspire him to triumph over hardship he will emphatically deny. It is, he says, up to him. For the leaders of research these remarks are obviously not true. On those rare occasions when they give voice to their innermost soul, or when some *rara avis* appears among them who is naturally articulate, everything points to the exactly opposite state of affairs. Most of us, however, will never have the chance of research. It is then that lack of inspiration from without will find us ever more often in a mood unresponsive to the daily grind.

This point was touched upon by a speaker at the recent debate on preclinical studies. That he accused

his teachers of lack of interest in the students and of a consequent failure to inspire enthusiasm is beside the point. His accusation was unjust, and made with wilful disregard of the facts. Our Hospital is not well off, and cannot afford to maintain an establishment in which the proportion of teachers and students reaches an optimum; so that the teachers, howsoever willing, cannot possibly give such individual advice as they would wish, and as would be found in certain other seats of learning. Nevertheless the body of this student's argument was reasonable enough. Life very shortly becomes one long, interminable drudge, and not infrequently dishonest. In order to keep up with the march many necessary hours of questioning have to be foregone, and much practical work completed in the imagination only. And I believe this to be true of the perfect student who arrives at nine in the morning, and works four hours after supper every day of the week.

There are few who attain this ideal state; for the rest life is seldom exorcised of that anxiety which failure to attain it occasions. And before any suggestions can be put forward another factor must be considered. The young Englishman begins late to appreciate and want the finer arts of living. It is in the year he comes to Bart.'s that school philosophy loses its charm, and friendship becomes a more sacred trust than tradition. He makes friends and discovers those common interests which may from the point of view of schooldays be called selfish—walking, fishing, sailing and like pastimes, and above all, music, art, and the drama. The perfect student may forgo these things and be the better student for it, but it is doubtful if he will be the better doctor.

It is common knowledge that these things are part and parcel of Oxford and Cambridge life. A relatively far smaller concern for economy is largely responsible—which is their good fortune. But in one direction the senior universities have an optional advantage of us. Their day is much fuller. It was extremely unfortunate

that no one mentioned this fact in debate, because it bears on the touchstone of university life—the fitness of the student. Oxford and Cambridge give a man two or three hard hours' exercise every day, and send him back to work when it is over. Some may think that they would be then too tired to do any useful work, though if they look back to their school days they will remember that half the day's work was done after games, at an age when their bodies were far less enduring.

The time is not ripe for facts and figures. All the contribution that the Bart.'s student can make to the

improvement of his pre-clinical education is readiness to be fit. He is not in a position to judge the merits and faults of his educational syllabus; scarcely to question the sad lack of teachers and apparatus—for his own position becomes ambiguous; but he can see better than anyone else why no Muse comes to inspire him. Hour after hour in stuffy lecture-room and laboratory can never prepare a man for a hard night's reading, whereas few things nerve him to feats intellectual and physical more than soundness in wind and limb.

## SIDE-LIGHT ON EVOLUTION

(From an Actual Conversation Overheard)

SINGING in close harmony, the men lounged up the narrow street and stopped to talk beneath my hotel window. I did not see them, but their shuffling tread and their voices thickened by beer gave me a sufficiently accurate mental picture.

Having arrived, after travelling since morning, in this sun-baked West Country town, I was trying to sleep—at first.

"The question is," announced one man in broad accents, after spitting ponderously, "how did Cain take unto himself a wife when Adam and Eve was the first-people what lived? The Bible don't say nothing about Eve having any daughters."

"It's my belief," said another man, speaking a surprisingly broad Scotch, "that Eve had plenty of daughters, but they used to hush it up in them days, same as they do in India. Kind of disgrace it was, I reckon. Cain must have married one of them."

"Don't seem to me a good idea at all," murmured the third man—I judged him to be roundish, probably wearing a cloth cap; "besides, brothers and sisters can't marry 'cos it's against the law."

"Adam and Eve was gorillas!" said the first man.

One of those ridiculous lace curtains had been nailed to the lower half of the window, but I had little difficulty in making out who was speaking at that moment.

"Yes, gorillas," he continued; then by way of classification, "you know, apes, monkeys, something of that sort. A mate of mine on a job in London was telling me. He said—"

"Didn't know gorillas had ribs," interposed the third

man—yes, he was small and fat, but headwear uncertain—"and 'sides, you look in any Bible, you won't find nothing about gorillas, and," he added generously, "you can look in any Bible you like."

"Dinna see why a monkey would bother about 'forbidden fruit'; it's nuts they're after," said the logical Scotsman.

The first man was now no longer inclined to follow up his remarkable theory, but instead recounted an anecdote about the "forbidden" fruit which was supposed to have originated from Mae West! Unfortunately the fellow spoke too quietly for me to catch the trend of the tale. After the guffaws had subsided, the little man spoke again:

"Take sex," he murmured, deeming it a suitable topic to take, "the woman always has the last answer."

A pause, then:

"'Spouse its always been the same," agreed the other two sullenly.

A series of chimes were heard, and then the cathedral clock struck twenty—after counting twelve I became quite interested. It was very late. The men bade each other an affectionate "Good-night", and dispersed. As they went, they sang alone, sang of "little drummer boys", of "sleepy heads", and of sweethearts.

I got back to bed, and between hot sheets dreamt of a hairy and powerful Adam scratching for fleas, and saw Eve, lithe and appealing, leap from branch to branch, followed by the admiring gaze of her lord and master.

RENARD.



## CORRESPONDENCE

### STATEMENT FROM THE MEDICAL PEACE CAMPAIGN TO MEMBERS OF THE MEDICAL PROFESSION THROUGHOUT THE WORLD

Realizing the suffering and disease which are caused by war, and accepting our medical responsibility to prevent disease as well as to treat it when developed, we urge the governments of the world to take action to make war impossible.

In particular we suggest that, in order to combat the present emergency, Great Britain, France and Russia should declare that they stand united and determined to resist all further aggression by military force if necessary; and that the governments of these countries should invite all other countries, irrespective of their form of government, to associate themselves with this declaration.

We maintain that the only way to eliminate all possibility of future war is the establishment of the rule of international law based on the principles of justice to all, and backed, so long as this remains necessary, by overwhelming military and economic strength. To this end we urge that a conference be called to discuss the practical measures which should be taken.

Finally, as an organization representative of medical opinion, and regarding medicine as the most international and humane of all professions, we would remind our colleagues in all countries of the great part which they may yet play in influencing public opinion on behalf of peace.

Signed on behalf of the Medical Peace Campaign,  
JOHN A. RYLE,  
President.

### "BALL'S OAK"

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—On April 15th, 1939, in the *Daily Mirror* of that date, there appeared in large type; "Largest Oak Falls—aged 900 years" A giant oak tree 900 years old, in Powis Castle's Park, Welshpool—the largest oak in Europe—fell yesterday, having completely rotted at the roots. It contained 2000 cubic feet of timber. Planted before the Norman Conquest, it must have taken over 300 years to grow to maturity."

The poet Chaucer in the *Canterbury Tales*, the story of Palamon and Arcite, in discussing "Reproduction", line 2330:

"That individuals die, his will ordains;  
The propagated species still remains.  
The monarch oak, the patriarch of the trees,  
Shoots rising up, and spreads by slow degrees;  
Three centuries he grows, and three he stays,  
Supreme in state, and in three more decays.\*  
So man, at first a drop, dilates with heat,  
Then, form'd the little heart begins to beat,  
Secret he feeds, unknowing in the cell;  
At length, for hatching ripe, he breaks the shell,  
And struggles into breath, and cries for aid,  
Then helpless, in his mother's lap is laid."

(N.B.—The above anticipates Virchow's "Cellular Pathology.")

\* I.e. 900 years.

## CONCERT

### IN AID OF THE MANSION HOUSE APPEAL FUND

JUNE 15th



8.30 P.M.

### GREAT HALL CHARTERHOUSE SQUARE

KATHLEEN LONG

Soloists:

ANTONI SALA

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TICKETS: 3/6, 6/6, 10/6, 21/-

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Another Chaucer tale, "The Lady in the Arbour", translated by John Dryden under the title, "The Flower and the Leaf":

"Straight as a line in beautilous order stood  
Of oaks unshorn a venerable wood;  
Fresh was the grass beneath, and every tree,  
At distance planted in due degree,  
Was newly sprong, and at eight feet or nine  
Every tree well from his fellow grew."

The above shows great knowledge of proper arboriculture, *cir.* 1380.

Also two lines from above poem:

"Till gentle heat, and soft repeated rains,  
Make the green blood to dance within their veins."

The above lines a prevision of chlorophyll and photosynthesis! All the above to be found in Dryden's Works, published by Routledge, 1883.

Just as St. Bartholomew's Hospital has survived over 811 years since its founder Rahere, so may Sir Girdling Ball's name and work

live also even up to 900 years in his work associated with the new Medical School revived in Charterhouse Square.

Yours,  
23, Lindisfarne Road,  
West Wimbledon, S.W. 20;  
May 14th, 1939.

J. K. B.

### COLD BEER

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—The case recorded by W. R. Bett in the May number of the JOURNAL of "Supposed Death from Drinking Cold Beer" reminded me at once of the well-known epitaph on the grave of a soldier in the churchyard of Winchester Cathedral:

"Here lies in peace a Hampshire grenadier,  
Who caught his death by drinking cold small beer.  
Soldiers be warned by this untimely fall,  
And when you're hot drink strong or none at all."

Yours truly,  
H. STANLEY.

Eagle House,  
12, Pevensey Road,  
St. Leonards-on-Sea;  
May 14th, 1939.

## SPORTS NEWS

### EDITORIAL

Further conversations with a Sweep (with profuse apologies to Nat Gubbins).

"Why d'you suppose people ever play cricket?" said the Sweep.

"I don't know," I said.

"Playin' fields of Eton stuff maybe," said the Sweep.

"Maybe," I said.

"Bet they don't do it for exercise," said the Sweep.

"No," I said, "I bet they don't."

"Maybe its health through cricket, like little old 'Itler."

"Perhaps."

"'Cor chase my Aunt 'Arriet round the head offices of the Gas Light and Coke Company," said the Sweep.

"'Cor," I said.

"They're always whinin' about 'avin' no time, so it can't be to put in the afternoons," said the Sweep.

"No," I said, "it can't."

"Per'aps they get a drop of wallop afterwards."

"I expect that's it," I said.

"Oo'd 'a thought it," said the Sweep, "'Cor sufferin' crikey".

### ASSOCIATION FOOTBALL CLUB Inter-Hospitals Cup Finals v. St. Mary's Hospital

The results of the first final on April 26th, at Nunhead, and of the replay on St. Mary's Hospital ground at Teddington a week later, showed how much Fate plays her part in the distribution of the laurels in a cup final. The first game was drawn 1-1 after 20 minutes' extra time. With the St. Mary's right wing an injured passenger their attack from the right was never very dangerous, and we kept even with them for the whole of the game, and even looked like beating them at times. If Mail had not dropped the ball at a critical moment, and Nicholson's brilliant first-time shot from a long dropping pass had just gone inside the post, the Cup would have been ours. In the second game Mary's were much strengthened by the inclusion of their right wing, Mackintosh, and on this occasion they played together much more brilliantly as a team. But such is fate.

From the kick-off it could be seen that there was little to choose between the sides, and that neither side was on its best form. This may have had some reason, for the ground was hard, and the dry soil pellets made it difficult to judge the bounce of the light ball. The attacks of either side in the first quarter of an hour were staved

off repeatedly by the good marking of the defence of each side, especially on the part of Packer at right back. James was given little chance, as Hill and often two others followed him in all his far-reaching excursions for the ball. After 20 minutes the right wing of Mary's gave a good centre into the goal area, which Mail ran out to catch, but the ball was dropped and Squire was soon up to put the ball into the net. Soon after this Bart's made repeated attacks on St. Mary's goal, but were repulsed by the stout efforts of the backs, one of which in the process was injured on the knee, so that the position was reinforced by the man from the right wing. This move weakened Mary's forward line, but in no way their defence, and Bart's did not show any more likelihood of scoring against the ten men. An exciting moment came when a move by the forwards ended by a high pass into the centre from Gallimore, which was turned into a good attempt by Nicholson to score from the first bounce, but the ball went a yard outside the post.

The second half was uneventful. Neither side seemed to have the inspiration which makes you "attack the man first time", so that the defence usually defended too late, and the attack, ably led by James, who was in no way an offender, lacked the effectiveness that it had in the previous cup matches. A quick goal came when James collected a pass from Gallimore to beat two or three men and put a good ground shot into the corner of the net. After twenty minutes' extra time, in which Mary's did much attacking, the game was abandoned.

Team.—W. D. Mail; F. H. Packer, N. G. McGuire; A. Maples, P. M. Elder, J. O. Gallimore; C. G. Nicholson, R. L. Osmont, A. R. James, S. Grossmark, G. R. Royston.

### Replay, Wednesday, May 3rd.

The replay in the following week was marked by the substitution of Wells-Cole and Howell in the Bart's team, and the inclusion of the strong right wing, Mackintosh, in the Mary's team. The condition of the ground at Teddington was perfect, and everything was set for an even more exciting game. And, indeed, both sides played better football, individually and collectively, but Mary's improvement was even more than ours, and it was seen all the way through that they were the better team.

Mary's kicked off and soon launched persistent strong attacks down the right wing, which were only warded off by the good defence of the backs and the goal-keeper. A long low shot was deflected by Wells-Cole back into play, but it was taken up by Mackintosh, who centred the ball, which after a scramble was

pushed into the net. The second goal came a short time later with a shot from the edge of the penalty area after a corner.

Soon after half-time Mary's added another two goals, but there was no loss of morale on the part of the Bart's team. Gallimore and Osmont were then interchanged, and the attack seemed to gain more success as two goals were scored by James in a short time. But the rally was too late, for soon after our second goal the whistle blew and the Cup once again went to Mary's with a fine victory of 4 goals to 2.

**Team.**—G. H. Wells-Cole; F. H. Packer, D. R. S. Howell; A. Maples, P. M. Elder, J. O. Gallimore; C. G. Nicholson, R. L. Osmont, A. R. James, S. Grossmark, G. R. Royston.

#### Inter-Hospitals Junior Cup Final v. Guys.

Friday, May 5th, at St. Mary's Hospital ground, Teddington. Won, 3-2.

Bart's set the pace during the whole of the game and the team combined well. After fifteen minutes we were awarded a penalty which Waytzmann successfully carried off at the second time, as at the first attempt one of our men walked inside the penalty area before the ball was kicked.

Five minutes before half-time a misunderstanding amongst the Bart's defence left unmarked the Guy's inside forwards, who broke away to score an easy goal.

In the second half Bart's continued their repeated attacks, and both the wings were being used well. Hunt, on the right, who was brought in at the last minute in the place of Routledge, who was unable to play, did useful work and delivered many good centres to the inside forwards. A low fast centre across the goal-mouth was neatly put into the net by Birch. Bart's attacked again after the kick-off and were rewarded again by a single-handed manoeuvre by Robertson, which ended in a long low shot to score from the edge of the penalty area. Guy's rallied with some high kicking, one of which shots Bhargava was unfortunate enough to put into his own goal in attempting to clear.

The Bart's team looked the better side and deserved to win. McShine, in goal, played steadily after his long period of lack of practice. The whole of the defence worked hard, and the forwards were set a good example by the energetic and clever work of Evans. They all rose to the occasion, and once more brought back the Junior Cup to Bart's.

**Team.**—A. D. McShine; A. H. Phillips, K. P. Bhargava; W. Gordon, G. H. Darke (capt.), J. C. L. Adams; M. R. Hunt, M. Waytzmann, D. Robertson, G. R. Evans, J. Birch.

At the **Annual General Meeting**, on May 15th, the Secretary reported a successful season. Officers were elected. Dr. Gow was re-elected President, A. R. James captain, A. Maples secretary. The long-lost mythical Junior Cup had been found in an obscure cupboard in Guy's Hospital, and now rests in our Library—the fifth win within seven years.

**ATHLETIC CLUB** The University of London Championships were held at Mootspur Park on May 13th, and though only a small team was entered, it met with a considerable measure of success.

There is no doubt whatever that special mention should be made of the great race run by J. P. Haile in the mile, which he won in 4 m. 34.4 secs.—a very creditable performance considering the high wind. Although robbed of the lead in the last lap, he maintained a tremendous spurt at the end, and got home by the proverbial hair's breadth.

We congratulate D. G. Reinold, who ran a very good 120 yds., hurdling against a head wind. He was second to R. Dunstan, of K.C.H., but remembering this to be Reinold's first race this year, we look forward to the turning of the tables at the Inter-Hospital Sports on June 3rd.

D. S. Morris was at his best when he cleared 5 ft. 8 in. in the high jump. He was placed third to the redoubtable Kennedy of London Hospital and Edwards of Imperial College. We have now, with M. C. Dowling, who came to Bart's in October, two first-class high jumpers in the Hospital, and these should provide some keen competition in the Inter-Hospital Sports.

G. A. Beck, who ran so excellently last year in the mile and half-mile, was unable to compete in these events owing to the M.B. viva exams. being held on the same afternoon. However, he arrived on the track at the end of the meeting just in time to run in and gain fourth place in the three miles. He also obtained

a standard by running a  $\frac{1}{4}$  mile in 52.7 secs. in the heats. A. R. P. Ellis, who regularly turns out for the Hospital in all representative matches, is to be congratulated on gaining fourth place in the javelin with a throw of 142 ft. 10 in.

A. I. Ward and W. J. Atkinson also gained points.

The Inter-Hospital Sports on June 3rd will provide us with another opportunity of wresting the cup from Guy's, who have now held it for four years. Maybe the regular training done at Mootspur Park and Charterhouse Square will help us to do the trick.

Our own Hospital sports will be held at Foxbury on Saturday, June 17th, and as the day is almost midsummer and the weather forecast appears excellent, it should prove an extremely pleasant afternoon for all who are present.

Following the unqualified success of last year's Athletic Dance, we are sure that the flannel dance arranged for "sports night" will be a great draw again this year.

#### UNITED HOSPITALS' HARE AND HOUNDS CLUB

With the Kent-Hughes Cup, which was reported in the April Journal, the United Hospitals'

Hare and Hounds completed one of the most flourishing seasons for many years.

The season showed a substantial increase in membership and keenness, and two teams of eight runners ran in a number of fixtures against many good cross-country clubs, including those of Oxford and Cambridge Universities. The match at Cambridge, although over a course of greater length than usual in Hospital matches, was well contested and lost by only a small margin. That at Oxford followed too soon after the Cambridge match for most of the runners to have recovered their best form, especially over a difficult course of eight miles, and the Hospitals were badly beaten in spite of the efforts of two men to win by taking a shorter course.

After a rather poor start to the season the first team improved and won five out of the last seven matches, the two defeats being at Oxford and Cambridge.

The consistent improvement in the standard of running promises well for next season, especially if the Club is well supported by new runners.

Summary of results:

##### 1st Team.

v. Thames H. and H.	L.	32-46
v. North London H.	L.	27-54
v. Mitcham A.C.	L.	164-384
v. R.M.C., Camberley	L.	35-43
v. South London H.	L.	63-124
v. Lloyds Bank	W.	
v. Orion H.	W.	43-35
v. Reading University	W.	66-25
v. Barclay's Bank	W.	74-31
v. Metropolitan Police	W.	34-25
v. Cambridge University	L.	35-43
v. Oxford University	L.	33-45
v. Westminster Bank	L.	33-44

Run, 13. Won, 5. Lost, 8. Points for, 563½; points against, 491½.

##### "A" Team.

v. Reading University "A"	W.	53-25
v. Epsom College	W.	80-56
v. Reading University "A"	L.	23-32

##### Individual placings in 1st team:

	Races run.	Total.	Average position.
A. E. J. Etheridge (Guy's)	3	3	1
J. P. Haile (Bart's)	12	21	1.75
G. A. Beck (Bart's)	12	30	2.5
H. C. Martin (Guy's)	6	19	3.17
S. Geary (London)	10	47	4.7
J. A. Learner (London)	14	67	4.78
R. Merryweather (Guy's)	9	45	5
R. J. Hamer Hodges (Mary's)	10	51	5.1
D. W. Gould (Thomas's)	12	65	5.4
C. E. Sharland (Guy's)	8	49	6.1
D. J. Lyon (Guy's)	7	49	7
P. van de Linde (Bart's)	7	51	7.3



## REVIEWS

**The Essentials of Modern Surgery.** Edited by R. M. HANDFIELD-JONES, M.C., M.S., F.R.C.S., and A. E. PORRITT, M.A., M.Ch., F.R.C.S. (Edinburgh: E. & S. Livingstone.) Pp. xv + 1126. 501 illustrations. Price 30s.

An attempt has been made in this work to find the *via media* between the comprehensive text-book of surgery suitable for higher exams. and the condensed form, so often criticized by reviewers on the score of being adapted to examination rather than practical requirements.

It would seem, however, that the editors have defeated their own ends in more ways than one. They have omitted any account of Diseases of the Eye; yet the section on Diseases of the Ear, Nose and Throat occupies nearly a hundred pages. Surely it would have been better to omit both, or deal with them in proportion. The same could be said of the short section on Gynaecology and perhaps Anæsthetics. The difficulty of apportioning space and assessing relative importance has also been made greater by having certain sections written by recognized specialists; and it might have made the editors' work less arduous had this scheme been more elaborately evolved. As an example, we would quote the all too brief section on the Rectum and Anal Canal, which has not even allowed of an adequate discussion of surgical anatomy. In the section on the Chest, furthermore, it seems a pity that the question of Pulmonary Tuberculosis has been so briefly discussed. Lastly, it would surely have been better to assign the Surgery of the Spine and Spinal Canal to the same author as that of the Skull and Brain, and to make Genito-Urinary Surgery a special section in a comparable way.

All these objections, nevertheless, do not detract in the least from the excellence of the book in other respects; and particularly noteworthy are the respective accounts of Specific Infections, Bones and Joints, Deformities, the General Surgery of the Abdomen and Peritoneum and Diseases of the Skull and Brain. In its whole form, in fact, the book is thoroughly readable and well set out; the omission of operative detail is a very pleasing feature; and last but by no means least the type and illustrations are of a very high order.

**The Social Function of Science.** By J. D. BERNAL, F.R.S. (Routledge.) Price 10s. 6d.

This is the kind of book that can only be described as monumental. In nearly five hundred pages of small print, Prof. Bernal traces, with a wealth of fascinating and often picturesque detail, the relation of all forms of science to human life, as it was, as it is, as it could be, and as it only too probably will be if we do not do something about it.

Any future historian, delving among the ruins of London, who came upon the book, would be supplied with final evidence, if he needed it, of the complete insanity of the human race on the eve of the final catastrophe. Any people who could rise to such a height of civilization that they had in their hands the power to abolish poverty, and want, and a vast amount of disease, to abolish dangerous and unpleasant occupations, and to reduce working hours by half for everyone, but chose, instead, to apply their science and art to developing more and more ingenious and unpleasant methods of torturing and destroying one another; any people, he will say, who could do this, must be mad, and there can be very little doubt that he will be right. For this work is really the material from which history will be compiled. It is objective and lucid in style, with only a moderate, though distinct bias to the Left (much more moderate and much less distinct than one who is familiar with the author's activities would expect), and it is full of really valuable figures and facts—figures, that is, that are at once useful, and almost impossible for any ordinary person to obtain, and such fascinating and varied pieces of information as that soap was used by the barbarian Germans to redder their hair to frighten their enemies, and that the mechanical efficiency of a good motor car is only 8%, and at least two-thirds of its price is taken up by essentials, such as fashionable, but useless, streamlining, and advertising expenses.

Bizarre as these statements are, one cannot bring oneself to doubt them, and if one could, needless to say, there are references given for almost every statement.

It is impossible, in a short review, to do justice to this book, and at the same time it is unnecessary, for the book is essentially a

review itself, a review of all that is known about the social relations of science. Whether it is exhaustive, or whether it contains any errors, it is absurd for one who has neither the ambition nor the energy of Prof. Bernal to attempt to say, and the most I can do is to register a mild protest against some of the developments of science that the author looks forward to with apparent satisfaction.

The prospect, for instance, of an air-conditioned town, with no weather other than that ordered by the town council, is not one I find attractive, nor is the idea of a pharmacopœia containing only those drugs which are thoroughly understood. But Prof. Bernal is such a liberal and benevolent dictator that I am sure he would allow those who wished to live outside his Utopia, and even occasionally to pour medicine of which they know nothing into bodies of which they know less.

**A Text-book of Medicine for Nurses.** By NOBLE CHAMBERLAIN. Third edition. (Oxford University Press.) Price 20s.

This book of some 400 pages has been written clearly and simply. Its scope is adequate for any nursing examination.

The teaching is for the most part accurate, but the advised starvation of patients after hæmatemesis is contrary to modern teaching (p. 124), and the suggested rate of 60 bubbles a minute for oxygen therapy now known to be futile (p. 178). The interpretation of "hyperpyrexia" given on p. 12 would not be accepted by examiners for the Bart's Belt. Examples of diabetic diets other than Lawrence's "Lines" might be explained and the details of the obsolescent ketogenic diets omitted.

The illustrations are good and might be increased; the material is comprehensive and well arranged. We can recommend this text-book to nurses with confidence.

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- 41 Pamphlets.
- Framed picture showing views and personalities connected with the Hospital.

## EXAMINATIONS, ETC. UNIVERSITY OF OXFORD

The following Degree has been conferred:  
D.M.—Johnstone, J. G.

## UNIVERSITY OF LONDON

### Second Examination for Medical Degrees, March, 1939.

**Part II.**—Arnold, D. L., Aston, J. N., Binns, G. A., Borelli, V. M., Canti, G., Champ, C. J., Citron, R., Dalton, I. S., Davies, J. A. L., Davies, T. M., Evans, D. T. R., Evans, R. J., Feanny, P., Gifford, C. S. E., Haile, J. P., Hall, M. H., Hill, I. M., Isenberg, H., Jenkins, B. A. G., McCready, I. A. J., McNair, T. E. L. J., Maconochie, A. D. A., Messer, B., Miller, P. J., Parker, K. H. J. B., Phillips, A. H., Pitt, N. M. F. P., Reckless, D., Rees, R. G., Robertson, D. J., Routledge, R. T., Sadler, J. A., Shaw, C. H., Shrieber, M., Sinclair, A. C., Stack, H. G., Thomas, D. C., Thomas, E. G., Tickner, A., Townsley, B., Tweedy, P. S., Weitzman, D., Williams, T. M., Wohl, M., Zibbi, J. H. S.

## ROYAL COLLEGE OF PHYSICIANS

The following have been elected to the **Fellowship**:  
Braun, L. I. B., Horner, N. G., Strauss, E. B.

## ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diplomas have been conferred:  
D.T.M. and H.—Gomez, A., Rigby, E. P., Viljoen, D. P.

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Final Examination, April, 1939.

Midwifery.—Brenner, J. J.

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DAVIS, K. J. ACTON, Prideaux, Par, Cornwall.

JOSEPH, H. S., Resident Staff Quarters, West Park Hospital, Epsom, Surrey.

MAXWELL, J., 17, Harley Street, W. 1. (Tel. Langham 3930.)  
31, Sheldon Avenue, Hampstead Lane, N. 6. (Tel. Mountview 3363.)

PRICE, L. R. W., 21, Marywood Square, Glasgow, S. 1.

SAVAGE, O. A., 20, Wilton Place, S.W. 1. (Tel. Sloane 3920.)

VAN HEERDEN, J. A., Mental Hospital, Grahamstown, Cape Province, S. Africa.

#### APPOINTMENT

SAVAGE, O. A., M.R.C.P., appointed Registrar, L.C.C. Rheumatic Unit, St. Stephen's Hospital.

#### BIRTHS

BRIGGS.—On May 6th, 1939, at The Chestnuts, Great North Road, Highgate, to Joy (*née* Raw), wife of Dr. David Briggs—a daughter.

FELLS.—On May 4th, 1939, at 17, Mortimer Road, Clifton, Bristol, to Rosalind, wife of Dr. Roy R. Fells—a daughter.

HANCOCK.—On May 7th, 1939, at 19, Bentinck Street, W. 1, to Dorothy (Blue), wife of Dr. P. E. Thompson Hancock—a daughter.

PAGAN.—On May 16th, 1939, at Blighmont Nursing Home, Southampton, to Betty, wife of Dr. A. T. Pagan—a daughter.

RODGERS.—On April 26th, 1939, to Margaret, wife of Harold W. Rodgers, 38, John Street, W.C. 1—a daughter.

TRACEY.—On May 3rd, 1939, to Katherine Reavell and Basil Martin Tracey, of 62, Thorpe Road, Norwich—a daughter.

WILLIAMSON.—On May 6th, 1939, to Helen Frances, wife of James C. F. Lloyd Williamson, F.R.C.S., of 34, The Drive, Hove—a daughter.

#### MARRIAGES

BARNES—NEVILLE.—On April 20th, 1939, at St. James's Church, Piccadilly, Clive Ormsby, only son of Dr. and Mrs. J. A. Percival Barnes, of Tottenham, to Margaret Cecily, youngest daughter of the late Edwin Upton Neville and of Mrs. Neville, of 6, The Chine, Grange Park, N. 21.

OLIVER—MCNEIL.—On April 22nd, 1939, at Christ Church, Mayfair, Wilfrid Allen Oliver, M.D., M.R.C.P., elder son of Mr. and Mrs. A. L. Oliver, Willowdale, Castlemaine Avenue, Croydon, to Muiriel, daughter of Mr. and Mrs. Charles McNeil, 38, Woodstock Road, London, N.W. 11.

PARKS—BILLINGTON.—On May 13th, 1939, at St. Germain's Church, Edgbaston, Birmingham, by the Rev. H. T. Parks, uncle of the bridegroom, John William, son of Mr. and Mrs. F. W. Parks, of "Conegar", Maidstone, to Mary Betty, daughter of the late Prof. W. Billington, F.R.C.S., and of Mrs. Billington, of Pritchatts Road, Edgbaston, Birmingham.

SAVAGE—BATTERSHILL.—On May 12th, 1939, at the Church of Our Lady of the Assumption, London, W. 1, Surg. Lt.-Cmdr. Stephen Julian Savage, Royal Navy, to Mary Elizabeth, daughter of Mr. and Mrs. W. H. Battershill, of Ingatestone.

THORNE THORNE—DE BERTODANO.—On April 29th, 1939, at St. Margaret's, Westminster, London, by Canon Vernon Storr, Bezly, youngest son of Dr. and Mrs. Richard Thorne Thorne, of Greenhayes, Woking, to Lucinda Ierne, eldest daughter of Mr. and Mrs. H. S. de Bertodano, of "The Holme", Walton-on-Thames.

#### DEATHS

GORDON-SMITH.—On May 6th, 1939, at Knightwick, Harry Gordon-Smith, M.A., M.B., B.Ch., D.P.H. (Camb.).

HOLDEN.—On May 5th, 1939, at his residence, 8, Bath Road, Reading, George Herbert Rose Holden, M.A., M.D. (Cantab.), Knight of Grace of the Order of St. John of Jerusalem.

MACDONALD.—On April 24th, 1939, at a London nursing home, Dr. Norman James Macdonald, of 58a, Wimpole Street, W. 1, dearly loved husband of Elsie Kathleen Macdonald, and only son of the late Charles J. B. Macdonald, aged 44.

RUSHWORTH.—On May 2nd, 1939, at Holly Trees, Guildford Road, Horsham, Frank Rushworth, M.D., aged 81.

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